



# TRICARE® Prime

A managed care option for active duty service members and their families, and other TRICARE-eligible beneficiaries in specific geographic locations

TRICARE Prime is a managed care option that is available to active duty service members (ADSMs), their family members, and certain other TRICARE-eligible beneficiaries, in specific areas of the 50 United States. In overseas locations, TRICARE Overseas Program (TOP) Prime is available only to ADSMs and their command-sponsored family members. When you enroll in TRICARE Prime, you generally receive most of your routine care from a primary care manager (PCM) that you select or are assigned. Your PCM can be either a military treatment facility (MTF) provider or a civilian TRICARE network provider, depending on your location and sponsor status. Where you live and MTF capacity levels will determine whether you will have an MTF or civilian PCM.

Sponsors should ensure that their family members are properly registered in the Defense Enrollment Eligibility Reporting System (DEERS) and that they have up-to-date uniformed services identification cards. Visit [www.tricare.mil/deers](http://www.tricare.mil/deers) for more information.

## ELIGIBILITY

For ADSMs, enrollment in a TRICARE Prime option is mandatory. Active duty family members (ADFM), retirees and their family members, and others who meet TRICARE Prime eligibility requirements may enroll in TRICARE Prime if they live in a Prime Service Area (PSA), which is a geographic area where TRICARE Prime is offered. It is typically an area around an MTF or a Base Realignment and Closure site.

Enrollment in TRICARE Prime is not automatic. An enrollment action must be taken to ensure that DEERS information is current and claims are processed correctly. Within PSAs, TRICARE Prime is available to:

- ADFMs
- Retirees, retiree family members, and survivors

- National Guard and Reserve members who are called or ordered to active service for more than 30 consecutive days and their eligible family members
- Certain unremarried former spouses
- Transitional survivors
- Medal of Honor recipients and their families

For more information about these beneficiary categories, visit [www.tricare.mil/prime](http://www.tricare.mil/prime). Your DEERS information, including your residential address and, if applicable, a separate mailing address, must be accurate and current. Otherwise, you may not be eligible to enroll in TRICARE Prime. Only sponsors (*or sponsor-appointed individuals with valid power of attorney*) can add family members to DEERS. Family members age 18 and older may update their own contact information in DEERS. **Note:** ADSMs and their families who do not live in PSAs may enroll in TRICARE Prime Remote. For more information, visit [www.tricare.mil/tpr](http://www.tricare.mil/tpr).

## ENROLLING IN TRICARE PRIME®

To enroll in TRICARE Prime, you must be registered in DEERS, meet all eligibility requirements, and submit a *TRICARE Prime Enrollment Application and Primary Care Manager (PCM) Change Form* (DD Form 2876) to your regional contractor or local TRICARE Service Center.

You may also enroll online by visiting the Beneficiary Web Enrollment Web site at [www.dmdc.osd.mil/appj/bwe/](http://www.dmdc.osd.mil/appj/bwe/). Enrollment is open year-round. Visit [www.tricare.mil/forms](http://www.tricare.mil/forms) to download forms.

## YOUR TRICARE REGIONAL CONTRACTOR

Regional contractors administer the TRICARE medical benefit in each TRICARE region. TRICARE encourages you to visit your regional contractor's Web site, which includes information about how to change PCMs, how to enroll a child, referral and prior authorization requirements, and other helpful information. See the *For Information and Assistance* section of this fact sheet for regional contractor contact information.

## TRICARE-AUTHORIZED PROVIDER TYPES

TRICARE defines a provider as a person, business, or institution that provides health care. For example, a doctor, hospital, or ambulance company is a provider. Providers must be authorized under TRICARE regulations and have their status certified by the regional contractors to provide services to TRICARE beneficiaries.

### TRICARE Provider Types

TRICARE-Authorized Providers			
<ul style="list-style-type: none"> <li>TRICARE-authorized providers meet TRICARE licensing and certification requirements. TRICARE-authorized providers may include doctors, hospitals, ancillary providers (<i>laboratories and radiology centers</i>), and pharmacies that meet TRICARE requirements. If you see a provider that is not TRICARE-authorized, you are responsible for the full cost of care. To find a list of TRICARE-authorized providers, visit <a href="http://www.tricare.mil/findaprovider">www.tricare.mil/findaprovider</a>.</li> <li>There are two types of TRICARE-authorized providers: <b>network</b> and <b>non-network</b>.</li> </ul>			
Network Providers		Non-Network Providers	
<ul style="list-style-type: none"> <li>Regional contractors have established networks and you may be assigned a primary care manager (PCM) who is part of the TRICARE network.</li> <li>When needed, using a network provider for specialty care is your best option, when coordinated by your PCM.</li> <li>TRICARE network providers:               <ul style="list-style-type: none"> <li>Have a signed agreement with your regional contractor to provide care</li> <li>Agree to file claims for you</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>Non-network providers do not have a signed agreement with your regional contractor and are considered "out of network." In most cases, you will not receive care from non-network providers unless authorized by your regional contractor. You may seek care from a non-network provider in an emergency or if you are using the point-of-service option, resulting in higher out-of-pocket costs.</li> <li>There are two types of non-network providers: <b>participating</b> and <b>nonparticipating</b>.</li> </ul>	
		Participating	Nonparticipating
		<ul style="list-style-type: none"> <li>Using a participating provider is your best option if you are seeing a non-network provider.</li> <li>Participating providers:               <ul style="list-style-type: none"> <li>May choose to participate on a claim-by-claim basis</li> <li>Have agreed to accept payment directly from TRICARE and accept the TRICARE-allowable charge (<i>less any applicable patient cost-shares paid by you</i>) as payment in full for their services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>If you visit a nonparticipating provider, you may have to pay the provider first and later file a claim with TRICARE for reimbursement.</li> <li>Nonparticipating providers:               <ul style="list-style-type: none"> <li>Have not agreed to accept the TRICARE-allowable charge or file your claims</li> <li>Have the legal right to charge you up to 15 percent above the TRICARE-allowable charge for services;<sup>1</sup> you are responsible for paying this amount in addition to any applicable patient cost-shares</li> </ul> </li> </ul>

1. Note that overseas, there is no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge. Visit [www.tricare.mil/overseas](http://www.tricare.mil/overseas) for more information.

## GETTING CARE WITH TRICARE PRIME

### Emergency Care

TRICARE defines an emergency as a medical, maternity, or psychiatric condition that would lead a “prudent layperson” (*someone with average knowledge of health and medicine*) to believe that a serious medical condition exists; that the absence of immediate medical attention would result in a threat to life, limb, or sight; when a person has severe, painful symptoms requiring immediate attention to relieve suffering; or when a person is at immediate risk to self or others.

If you have an emergency, call 911 or go to the nearest emergency room. You do not need to call your PCM or regional contractor before receiving emergency medical care (*including overseas care*). However, in all emergencies, you must notify your PCM within 24 hours or on the next business day following admission to coordinate ongoing care and to ensure you receive proper authorization.

**Note:** Most dental emergencies, such as going to the emergency room for a severe toothache, are not a covered medical benefit under TRICARE. ADSMs receive dental care from military dental treatment facilities and, if necessary, from civilian providers through the TRICARE Active Duty Dental Program. ADFMs and retirees and their family members may be eligible to enroll in either the TRICARE Dental Program or the TRICARE Retiree Dental Program, depending on their status.

### Urgent Care

Urgent care services are medically necessary services required for an illness or injury that would not result in further disability or death if not treated immediately, but that require professional attention within 24 hours. You could require urgent care for conditions such as a sprain, sore throat, or rising temperature, as each of these has the potential to develop into an emergency if treatment is delayed longer than 24 hours. In most cases, you can receive urgent care from your PCM by making a same-day appointment. If you do not coordinate urgent care with your PCM or regional contractor, the care will be covered under the point-of-service (POS) option, resulting in higher out-of-pocket costs. For more information, see the “Point-of-Service Option” section of this fact sheet. For cost details, visit [www.tricare.mil/costs](http://www.tricare.mil/costs). If you are away from home and urgent treatment cannot wait until you return home to see your PCM, you must contact your PCM for a referral or contact your regional contractor for assistance before receiving care.

### Routine (Primary) Care

Routine care includes general office visits for the treatment of symptoms, chronic or acute illnesses and diseases, and follow-up care for an ongoing medical condition. Routine care also includes preventive care services to help keep you healthy. You will receive most of your routine or primary care from your PCM. For information on covered services, visit [www.tricare.mil/coveredservices](http://www.tricare.mil/coveredservices).

You do not need a referral to visit your PCM. If your PCM is unable to provide the care needed, he or she will refer you to

another provider. If you receive any routine care from another provider without a referral from your PCM, you will be using the POS option, resulting in higher out-of-pocket costs. For cost details, visit [www.tricare.mil/costs](http://www.tricare.mil/costs).

### Specialty Care

There may be times when you will need to see a specialist for a diagnosis or treatment that your PCM cannot provide. Your PCM will provide referrals to access services from specialty providers and will coordinate referral requests with your regional contractor, if necessary. If you receive specialty care without a referral from your PCM, you will be using the POS option, resulting in higher out-of-pocket costs. For cost details, visit [www.tricare.mil/costs](http://www.tricare.mil/costs).

## GETTING CARE WHEN TRAVELING OVERSEAS

With TRICARE Prime, you may receive care while traveling overseas from either an MTF or a host nation (*overseas*) provider. When traveling overseas, plan for possible health care needs in advance of the trip. For emergencies, go to the nearest emergency care facility or call the TOP Medical Assistance number for the overseas area where you are traveling. If you are admitted, you must call your PCM and the TOP Regional Call Center before leaving the facility, preferably within 24 hours or the next business day. Also contact your PCM and the TOP Regional Call Center for urgent care. Prior authorizations and referrals are not required before seeking emergency care. To locate an overseas provider, contact the TOP Regional Call Center where you are located or visit [www.tricare-overseas.com](http://www.tricare-overseas.com).

**Note:** In the Philippines, you must use a TRICARE-certified provider. Visit [www.tricare.mil/philippines](http://www.tricare.mil/philippines) for more information or to find a certified provider.

If you are an ADSM traveling overseas or between duty stations and you are hospitalized, contact your regional contractor or service point of contact. If possible, ADSMs\* traveling overseas should contact the local TOP Regional Call Center before seeking care or before making a payment. ADSMs must receive all nonemergency care, including urgent care, at an MTF if one is available. If an MTF is not available, prior authorization from your PCM is required. For urgent care overseas, ADSMs should contact the TOP Regional Call Center.

When seeking care from a host nation provider, you should be prepared to pay up front for services and then file a claim with the TOP contractor. You **must** submit proof of payment with all claims for care received overseas. If you have questions about proof of payment or overseas claims filing, contact the TOP Regional Call Center (*listed in the For Information and Assistance section of this fact sheet*) and select option 2 for claims assistance or visit [www.tricare.mil/claims](http://www.tricare.mil/claims).

\* Includes National Guard and Reserve members on orders of 30 days or less, who should follow normal procedures for emergency care and must provide a copy of their orders to the nearest TOP Regional Call Center to verify TRICARE eligibility.

## REFERRALS AND PRIOR AUTHORIZATIONS

### Referrals

Under TRICARE Prime, your PCM will provide referrals for you to receive services from specialty care providers and will coordinate the referral request with your regional contractor when necessary. Some services do not require referrals, including clinical preventive services and the first eight outpatient behavioral health care visits each fiscal year (FY) (*October 1–September 30*) for a medically diagnosed and covered condition to a network provider authorized under TRICARE regulations to see patients independently. If you seek care, including clinical preventive services or behavioral health care, from a non-network TRICARE-authorized provider without a referral from your PCM and authorization from your regional contractor, you will be using the POS option, resulting in higher out-of-pocket costs. See the *TRICARE Prime Costs* section of this fact sheet for more information or visit [www.tricare.mil/costs](http://www.tricare.mil/costs).

**Note:** ADSMs always require referrals for any civilian care, including clinical preventive services, behavioral health care, and specialty care (*except for emergency services; for information about how TRICARE defines a medical emergency, see “Emergency Care” in the Getting Care with TRICARE Prime section of this fact sheet*).

### Prior Authorization

A prior authorization is a review of the requested health care service to determine if it is medically necessary at the requested level of care. Prior authorizations must be obtained **before** services are rendered, or in the case of an emergency admission, within 24 hours or on the following business day. Your PCM or specialty care provider will request prior authorization from your regional contractor, if necessary. ADSMs require prior authorization for all inpatient and outpatient specialty services. Each regional contractor has additional prior authorization requirements. Visit your regional contractor’s Web site or call the toll-free number to learn about your region’s requirements, as they may change periodically.

### FILING CLAIMS

In most cases, you will not need to file claims for health care services. However, there may be times when you will need to pay for care up front and then file a claim for reimbursement. You will be reimbursed for TRICARE-covered services at the TRICARE-allowable charge, less any copayments, cost-shares, or deductibles. For example, non-network nonparticipating providers may require that you pay up front for some services.

In the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*), claims must be filed within one year of either the date of service or the date of inpatient discharge. Overseas, claims must be filed within three years of either the date of service or the date of inpatient discharge.

To file a claim, obtain and complete a *TRICARE DoD/CHAMPUS Medical Claim—Patient’s Request for Medical Payment* form (DD Form 2642). You can download forms from the TRICARE Web site at [www.tricare.mil/forms](http://www.tricare.mil/forms).

When filing a claim, attach a readable copy of the provider’s bill to the claim form, making sure it contains the following information:

- Patient’s name
- Sponsor’s Social Security number (SSN) or Department of Defense Benefits Number (DBN) (*eligible former spouses should use their own SSN or DBN, not the sponsor’s*)
- Provider’s name and address (*if more than one provider’s name is on the bill, circle the name of the provider who delivered the service for which reimbursement is requested*)
- Date and place of each service
- Description of each service or supply furnished
- Charge for each service
- Diagnosis (*if the diagnosis is not on the bill, complete block 8a on the form*)

If you receive care while traveling in the United States, you must file your TRICARE claims in the region where you live, not the region where you received care. If you receive care while traveling overseas (*including U.S. territories*), you must file your TRICARE claims with the TOP claims processor. You must submit proof of payment with overseas claims.

## COORDINATING CLAIMS WITH OTHER HEALTH INSURANCE

If you have other health insurance (OHI), you must follow all rules of that plan. Your OHI is considered your primary insurance and pays before TRICARE. You or your provider must file health care claims with your OHI before filing with TRICARE. After your OHI determines the amount it will pay, submit a copy of the payment determination and the itemized bill with your TRICARE claim. Keep your regional contractor and health care providers informed about your OHI so they can better coordinate your benefits and help ensure that there is no delay (*or denial*) in the payment of your claims.

## TRICARE PRIME COSTS

### Enrollment Fees

There are no enrollment fees for ADSMs and their family members. Retired service members and their eligible family members, surviving spouses, eligible former spouses, and others pay TRICARE Prime enrollment fees, which are applied to the annual catastrophic cap.

These fees are subject to change each FY. Survivors of active duty deceased sponsors and medically retired uniformed service members and their dependents enrolled in TRICARE Prime are exempt from future enrollment fee increases. The fees for the survivors and medically retired members and their



dependents will remain frozen at the rate in effect when they were classified and enrolled, as long as the policy remains active. The FY 2013 enrollment fees are as follows:

- Individual: \$269.28 per year
- Family: \$538.56 per year

For more information, please visit [www.tricare.mil/costs](http://www.tricare.mil/costs).

## Network Copayments

ADSMs do not pay any out-of-pocket costs for care. ADFMs generally do not pay out-of-pocket for their care except when using the POS option. For more information, see the “Point-of-Service Option” section of this fact sheet.

Retired service members, their families, and all others pay the following copayments for care from TRICARE network providers. These costs are for care from civilian PCMs or for care received with a PCM referral, when required. For additional cost details, visit [www.tricare.mil/costs](http://www.tricare.mil/costs).

## Costs for Retirees, Their Families, and All Others

Type of Care	Network Copayment
Ambulance Services	\$20 per occurrence
Ambulatory ( <i>same day</i> ) Surgery	\$25 per visit
Behavioral Health	Outpatient: \$25 ( <i>individual visit</i> ) \$17 ( <i>group visit</i> )  Hospitalization: \$40 per day ( <i>no charge for separately billed professional charges</i> )
Clinical Preventive Services	\$0 per visit
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	20% of the negotiated fee
Emergency Room Visit	\$30 per visit
Home Health Care	\$0
Hospice Care	\$0
Hospitalization	\$11 per day ( <i>\$25 minimum</i> )
Lab and X-Ray Services	\$12 per visit ( <i>unless billed as a clinical preventive service</i> )
Newborn Care	\$11 per day ( <i>\$25 minimum</i> )
Outpatient Visit	\$12 per visit
Skilled Nursing Care	\$11 per day ( <i>\$25 minimum</i> )

## Point-of-Service Option

The POS option gives you the freedom to seek and receive nonemergency health care services from any TRICARE-authorized provider without requesting a referral from your PCM. The POS option does not apply to:

- ADSMs
- Newborns and adopted children during the first 60 days after birth or adoption
- Emergency care
- Clinical preventive care received from a network provider
- The first eight outpatient behavioral health care visits to a network provider per FY
- If you have OHI

POS fees include an annual outpatient deductible as well as cost-shares for services.

Outpatient deductible per FY:

- Individual: \$300
- Family: \$600

Cost-shares:







- Outpatient: 50 percent of TRICARE-allowable charge (*after annual deductible is met*)
- Hospitalization: 50 percent of TRICARE-allowable charge

You are responsible for any additional charges from non-network providers (*up to 15 percent above the allowable charge is permitted by law in the United States and U.S. territories*). POS fees do not apply toward the annual catastrophic cap, which is \$1,000 per year for active duty families and \$3,000 per year for all other families covered by TRICARE.

## GET E-MAIL UPDATES

You can sign up to receive TRICARE news and benefit updates via e-mail. Visit [www.tricare.mil/subscriptions](http://www.tricare.mil/subscriptions), enter your e-mail address, and follow the prompts.

## FOR INFORMATION AND ASSISTANCE

 <b>TRICARE North Region</b> Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) <a href="http://www.hnfs.com">www.hnfs.com</a>	 <b>TRICARE South Region</b> Humana Military, a division of Humana Government Business 1-800-444-5445 <a href="http://Humana-Military.com">Humana-Military.com</a>	 <b>TRICARE West Region</b> UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) <a href="http://www.uhcmilitarywest.com">www.uhcmilitarywest.com</a>
 <b>TRICARE Overseas Program (TOP) Regional Call Center—Eurasia-Africa<sup>1</sup></b> +44-20-8762-8384 (overseas) 1-877-678-1207 (stateside) <a href="mailto:tricarelon@internationalsos.com">tricarelon@internationalsos.com</a>  <b>Medical Assistance<sup>1</sup></b> +44-20-8762-8133	 <b>TOP Regional Call Center—Latin America and Canada<sup>1</sup></b> +1-215-942-8393 (overseas) 1-877-451-8659 (stateside) <a href="mailto:tricarephi@internationalsos.com">tricarephi@internationalsos.com</a>  <b>Medical Assistance<sup>1</sup></b> +1-215-942-8320	 <b>TOP Regional Call Centers—Pacific<sup>1</sup></b> Singapore: +65-6339-2676 (overseas) 1-877-678-1208 (stateside) <a href="mailto:sin.tricare@internationalsos.com">sin.tricare@internationalsos.com</a>  Sydney: +61-2-9273-2710 (overseas) 1-877-678-1209 (stateside) <a href="mailto:sydtricare@internationalsos.com">sydtricare@internationalsos.com</a>  <b>Medical Assistance<sup>1</sup></b> Singapore: +65-6338-9277 Sydney: +61-2-9273-2760

1. For toll-free contact information, visit [www.tricare-overseas.com](http://www.tricare-overseas.com). Toll-free numbers may not be available for all mobile phone carriers overseas. Only call Medical Assistance numbers to coordinate overseas emergency care.

### **An Important Note About TRICARE Program Information**

At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military treatment facility guidelines and policies may be different than those outlined in this product.** For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, or local military treatment facility.

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